

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002310

1. Entity Name

LEWIS MANAGEMENT, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -6 AM 11:44

Principal Place of Business

22981 SHADY KNOLL DRIVE  
BENITEZ SPRINGS FL 34135

BONITA SPRINGS

Mailing Address

24600 SOUTH TAMiami TRAIL SUITE 212-381  
BENITEZ SPRINGS FL 34134-7022

BONITA SPRINGS

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BONITA SPRINGS

City & State

FL

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME LEWIS, JAMES F  
STREET ADDRESS 22981 SHADY KNOLL DRIVE  
CITY - ST - ZIP BENITEZ SPRINGS FL 34135

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE MGR  
NAME LEWIS, MARY E  
STREET ADDRESS 22981 SHADY KNOLL DRIVE  
CITY - ST - ZIP BENITEZ SPRINGS FL 34135

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME BONITA  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/22/00 941-949-2128

Date

Daytime Phone #

CR2E083 (9/99)